Health Care System and Health Care Security Board
Summary of Meeting on September 25, 2002

The Health Care System and Health Care Security Board met on Wednesday, September 25th in Room 427, State House; Mathematica participated by conference call from Washington, D.C. Rep. Volenik chaired the meeting.

Presentation on Health Security Board Activities

On September 26th, Board staff made a presentation to the Maine Health Access Foundation's Community Advisory Committee. The Committee asked for an update on the Board's activities and the status of the feasibility study funded by a grant from the Foundation. Board staff has also been invited to make a similar presentation to the Maine Health Access Foundation Board of Trustees on October 24th.

Update on Access to Data

The Maine Health Information Center (MHIC) expected to make their September 30th deadline to provide Mathematica with requested claims data from the Maine Medicaid population and Maine Health Management Coalition members for use in the feasibility study. MHIC also provided an initial cost estimate to the Board for these services for approximately $24,600. The Board has budgeted $25,000 to cover these costs. MHIC does not expect that the final invoice will exceed the amount budgeted by the Board.

Aetna and Harvard Pilgrim have responded to the Board's letter requesting permission to use the plans' aggregate claim data in the feasibility study. Both plans have indicated a willingness to work with Mathematica as to the data specifications for the information requested. Board staff has forwarded the names and contact information to Mathematica. Because of the tight timeframes that Mathematica is working under, it is likely that any plan-level data for Maine plans will be used as a "check" on the model, rather than as primary source information.

Development of Alternative Benefit Design Matrix

The Board's discussions focused on the elements and benefit structure that should be included in an alternative benefit design. For purposes of discussion, Dr. Wexler proposed an alternative benefit design in terms of which benefits should be provided in the plan and what cost-sharing elements should be included. At his suggestion, the Board discussed each element separately and decided whether or not each element should be included in one or more alternative benefit designs. Once that discussion was concluded, the Board went back and decided on specific detail as to cost-sharing overall and for each element. The Board developed 2 alternative benefit designs and forwarded the matrix to Mathematica. The matrix of these designs is attached as page 2.

Next Meeting

The next meeting of the Board has not been scheduled.

Matrix of Alternative Benefit Designs Developed by Health Security Board 9/25/02 (revised 9/30)

	Alternative Benefit Design #1			Alternative Benefit Design #2		
Plan-level features						
Income-level Subject to Cost-sharing /No Cost-sharing below income level	200% FPL	300% FPL	400 % FPL	200% FPL	300% FPL	400% FPL
Out-of-Pocket Maximums						
• Individual	$500	same	same	$1000	same	same
• Family	$1000			$2000		
Deductibles	none	same	same	none	same	same
Lifetime maximum	none	same	same	none	same	same
Hospital inpatient	$50 per day; $300 max per admission	same	same	$50 per day; $300 max per admission	same	same
Hospital outpatient/diagnostic, X-ray, Lab	$25 copay	same	same	20% coinsurance	same	same
Primary Care Provider Visits	$10 copay	same	same	$10 copay	same	same
Speciality Provider Visits	$20 copay	same	same	$20 copay	same	same
Emergency Room	$50 copay; waived if admitted	same	same	$50 copay; waived if admitted	same	same
Mental Health/Substance Abuse Benefits	parity	same	same	parity	same	same
Prescription Drugs *						
Copay-generic	$5	same	same	$10	same	same
Copay-brand/preferred	$10	same	same	$20	same	same
Copay-brand/nonpreferred	$15	same	same	$30	same	same
Skilled Nursing	$25 per day; $150 max per admission	same	same	$25 per day; $150 max per admission	same	same
Home Health Care	$10 copay	same	same	$10 copay	same	same
Durable Medical Equipment	none	same	same	20% coinsurance	same	same
Included Benefits (not subject to cost-sharing)	Preventive/wellness care, nutritional counseling, smoking cessation, wellness education, cardiac rehab, routine dental care, routine vision, eyeglasses only subject to $100 cap every 2 years	same	same	Preventive/wellness care, nutritional counseling, smoking cessation, wellness education, cardiac rehab, routine dental care, routine vision, eyeglasses only subject to 25% coinsurance and $100 cap every 2 years	same	same
Excluded Benefits	cosmetic, infertility/sex change, routine foot care, custodial care, vision correction surgery (LASIK)	same	same	cosmetic, infertility/sex change, routine foot care, custodial care, vision correction surgery (LASIK)	same	same

* For prescription drug benefits, can impact of closed vs. open formularies be modeled under each benefit design and cost-sharing requirements?